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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/008,306
Filing Date	December 7, 2001
First Named Inventor	Mark B. Hodes
Group Art Unit	
Examiner Name	
Attorney Docket Number	023987.43009-CIP

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Non-payment by client charges for services rendered.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

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Place Customer Number
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OR

☒ Firm or
Individual Name

Mark B. Hodes

Address

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State

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☐

This request is made on behalf of myself and

☒ all the attorneys/agents of record,

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☐ the attorneys/agents associated with Customer Number

This request is enclosed in triplicate (including any attachments).

Name

Susan B. Fentress

Signature

Susan B. Fentress

Date

May 15, 2003

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.